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EMPLOYEE BULLETIN

No. _____

_____ August 1979

CHANGE IN HOSPITAL OUT-PATIENT BILLING PROCEDURES

The Government Employees Health Association, Inc. (GEHA, Inc.) has received information concerning a change in the billing procedures of at least one Metropolitan Area hospital. Attached is a statement on this subject from GEHA.

Attachment

DISTRIBUTION: All Employees

GOVERNMENT EMPLOYEES HEALTH ASSOCIATION

P.O. BOX 463

WASHINGTON, D.C. 20044

CHANGE IN HOSPITAL OUT-PATIENT BILLING PROCEDURES

During the past several months, Agency employees who participate in GEHA's Association Benefit Plan (ABP) health insurance have alerted the Insurance Branch of their experience with a change in billing procedures practiced by some Metropolitan area hospitals for out-patient services. By alerting you to this change, GEHA hopes to preclude potential embarrassment or inconvenience for all ABP policyholders.

Generally, when policyholders require treatment or services as an out-patient at a hospital, they present their identification card to the admissions clerk, request their insurance company be billed and complete an assignment of benefits form authorizing the hospital to receive payment from the insurance company. Some recent experience, however, indicates that at least one area hospital (Holy Cross of Silver Spring) and on occasion others request out-patient accounts be paid at the time services are rendered. In the event you are not able to provide payment at the hospital, payment is expected promptly after receipt of the bill at your residence.

GEHA has been advised that this change in billing procedures only affects out-patient services and is a direct result of a cost containment concern by the hospital. By receiving payment at the time services are provided, the hospital eliminates billing expenses and can reduce support services and follow up actions. It is also clear that this change affects not only our health insurance plan but also other Federal Health Insurance plans which provide benefits for treatment or services as hospital out-patients.

As a covered member or dependent under the Association Benefit Plan, you are encouraged to continue using your insurance identification card when seeking treatment at a hospital. If as an out-patient, you are requested to pay at the time service is rendered, and you are unable to do so, you may request the hospital bill you for the service. When you receive the bill, please promptly submit it to the Insurance Branch with a completed claim form stating the nature of illness or injury and include your policy number and certificate number. The Insurance Branch claims settlements are current and with your cooperation claims can be settled quickly and accurately.

Please contact the Insurance Branch on extension if you require additional information or assistance.

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